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A question of confidence

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She took so long in answering the door and was so breathless when she did so, that I immediately thought that Agnes should be in hospital. A brief chat and examination in her cramped sitting room confirmed that she was in severe left ventricular failure, which had been worsening for nearly a week. I had never met her before, and she was obviously distressed that my partner, who usually sees her, could not come.

“I think we should send for an ambulance to get you into hospital for a few days,” I ventured.

Her face froze with fear: “Oh, no. Hospitals are such awful places—noisy, dirty, and, of course, you read about so many mistakes being made and old people being so badly treated nowadays.” She wouldn't hear of it.

Sadly, this has been a common enough reaction from older patients in my experience for a long time. What followed, however, was completely new to me.

“Never mind then, we'll try an injection of some medicine instead to get all this fluid off your lungs.” I was already reaching for the ampoule when the look of horror flashed over her for a second time.

“Isn't there a tablet I can have instead, doctor?”

I seemed to read her mind and thought I could see her reading mine. "Well, I could give you the same medicine in tablets. Have you got anyone who can get it for you quickly?" (I do not usually carry frusemide tablets with me).

Her nephew was on his way, and she was expecting him in about 20 minutes, so I left her with the prescription. The next day her regular doctor went in to review her and told me she was much better.

But I was not. Though his name was never mentioned, I was deeply troubled that Agnes might have worried that I could be another Harold Shipman when I wanted to inject her. Months later, I was still wondering if I wanted to carry on practising in a so called health service where elderly patients are not only alarmed by the standard of care they assume they will get in hospital but now also fear that any general practitioner they have not seen before cannot be trusted to give them an injection. What a sad commentary on the current climate in which we practise.

As the Elijah mood grew upon me, I thought that this would make a good story for the BMJ. But first it was essential to find out if my hunch had been correct. My long suffering partner agreed to visit Agnes once more and ask her about it. "Oh, no," she smiled, "I've always had a mortal fear of needles. That was all."

But, of course, it wasn't quite all. Though delighted to discover my interpretation of events was unfounded, I remain unsettled by this episode. It shows that, even though Shipman's legacy may not have destroyed the confidence of my patients in me, it has substantially reduced my confidence in treating them.